


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/590,827
	Filing Date	February 28, 2005
	First Named Inventor	Bernhardt L. Trout
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	MTV-073.01

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <input type="text" value="25181"/>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <input type="text" value="25181"/> OR <input type="checkbox"/> Firm or Individual Name: <input type="text"/>	
Address	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/> State <input type="text"/> Zip <input type="text"/>
Telephone	<input type="text"/> Email <input type="text"/>
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>	
SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Bernhardt L. Trout
Date	<input type="text" value="7/21/07"/> Telephone <input type="text" value="617-258-5021"/>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of <u>3</u> forms are submitted.	

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/590,827
	Filing Date	February 28, 2005
	First Named Inventor	Bernhardt L. Trout
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	MTV-07301

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Email

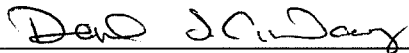
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Name

Daniel I.C. Wang

Date

March 6, 2007

Telephone

(617) 253-2126

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/590,827
	Filing Date	February 28, 2005
	First Named Inventor	Bernhardt L. Trout
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	MTV-07301

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature

Name

Brian M. Baynes

Date

July 27, 2007

Telephone

617 823 7642

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.